State of California
California Department of Food and Agriculture
Equine Medication Monitoring Program
1500 West El Camino Ave #215
Sacramento, CA 95833
(916) 900-5045

SALEYARD ASSESSMENT REPORT

LAW PROHIBITING DRUGGING OF HORSES

Agriculture and return with this completed asses in the envelope provided. DUE DATE: A ten percent (10%) penalty for late payment is					
Department if this report is not filed within fifteen the end of the month being reported. 1. Name of sale: 2. Facility name and address: 3. Mailing address: 4. Name of saleyard manager: 5. Phone number of saleyard: Enclosed is payment for fees collected on the total number of horse sale in compliance with Chapter 8, Division II, Section 24012 and Sect Chapter 6, Division 2 of Title 3, of the California Code of Regulations. ASSESSMENT FEE: \$8.00 for each horse consigned for public sale. DATE OF SALE:	INSTRUCTIONS:	Agriculture and return with this completed assessment rep			
2. Facility name and address:	<u>DUE DATE</u> :	A ten percent (10%) penalty for late payment is due to the Department if this report is not filed within fifteen (15) days of the end of the month being reported.			
3. Mailing address: 4. Name of saleyard manager: 5. Phone number of saleyard: Enclosed is payment for fees collected on the total number of horse sale in compliance with Chapter 8, Division II, Section 24012 and Sect Chapter 6, Division 2 of Title 3, of the California Code of Regulations. ASSESSMENT FEE: \$8.00 for each horse consigned for public sale. DATE OF SALE:	1. Name of sale: _				
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	ASSESSMENT FE	E: \$8.00 for each horse	consigned for publ	ic sale.	
NUMBER OF HORSES ASSESSED:AMOUNT DUE:	DATE OF SALE: _				
	NUMBER OF HOR	SES ASSESSED:	AMOUNT DI	JE:	
CHECK NUMBER:			CHECK NUM	MBER:	
I hereby certify, to the best of my knowledge and belief, this report complete. I understand that the records from which this report was subject to audit by the California Department of Food and Agriculture	complete. I under	stand that the records	from which this rep	ort was complete are	
Signature of person authorized to certify this report Date	Signature of persor	authorized to certify this	report	Date	